

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

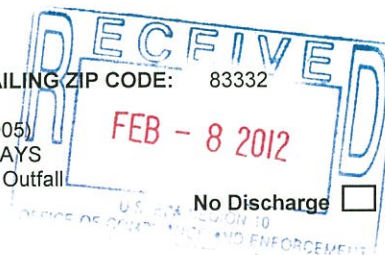
NAME: INTERIOR, FISH AND WILDLIFE
FACILITY: HAGERMAN NATL FISH HATCHERY
ADDRESS: 3059-D NATL FISH HATCHERY ROAD
HAGERMAN, ID 8332

IDG130004
PERMIT NUMBER

001A
DISCHARGE NUMBER

DMR MAILING ZIP CODE: 83332

MAJOR
(SUBRO05)
RACEWAYS
External Outfall



ATTN: BRYAN KENWORTHY

MONITORING PERIOD
YEAR MO DAY YEAR MO DAY
FROM 12 01 01 TO 12 01 31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Solids, total suspended	SAMPLE MEASUREMENT	****	****		****	Not Measured	Not Measured	mg/l				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/l		Quarterly	COMPOS	
Solids, total suspended	SAMPLE MEASUREMENT	Not Measured	Not Measured	lb/d	****	Not Measured	Not Measured	mg/l				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/l		Quarterly	CALCTD	
Solids, total suspended	SAMPLE MEASUREMENT	****	****		****	Not Measured	Not Measured	mg/l				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****		****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/l		Quarterly	COMPOS	
Phosphorus, total (as P)	SAMPLE MEASUREMENT	****	****		****	Not Measured	Not Measured	mg/l				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/l		Quarterly	COMPOS	
Phosphorus, total (as P)	SAMPLE MEASUREMENT	Not Measured	Not Measured	lb/d	****	Not Measured	Not Measured	mg/l				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/l		Quarterly	CALCTD	
Phosphorus, total (as P)	SAMPLE MEASUREMENT	****	****		****	Not Measured	Not Measured	mg/l				
00665 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	****	****		****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/l		Quarterly	COMPOS	
Hardness, total (as CaCO3)	SAMPLE MEASUREMENT	****	****		****	****	N/A	mg/l				
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****		****	****	Req. Mon. DAILY MX	mg/l		Quarterly	COMPOS	
Name/Title Principal Executive Officer	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 and 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)					Telephone		Date				
Bob Turik Acting Project Leader						(208)837-4896		2012/2/3				
Typed or Printed						Signature Of Principal Executive Officer or authorized agent		Area Code	Num	Yr	Mo	Day

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Monthly sampling only, no quarterly samples taken.

net dmr 2/2/12

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

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YEAR MO DAY YEAR MO DAY
FROM 12 01 01 TO 12 01 31

DMR MAILING ZIP CODE: 83332

MAJOR (SUBRO05)
RACEWAYS
External Outfall

U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Copper, total recoverable	SAMPLE MEASUREMENT	*****	*****		*****	*****	N/A	mg/l				
01119 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	mg/l		Quarterly	COMPOS	
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	*****	63.10	ft3/sec	*****	*****	*****					
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	ft3/sec	*****	*****	*****			Monthly	MEASRD	
Name/Title Principal Executive Officer	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 and 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)							Telephone		Date		
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ATTN:BRYAN KENWORTHY

MONITORING PERIOD
FROM YEAR MO DAY TO YEAR MO DAY
12 01 01 12 01 31


DMR MAILING ZIP CODE: 83332

MAJOR (SUBRO06)
OFF-LINE SETTLING BASIN
External Outfall

U.S. EPA REGION 10
OFFICE OF COMPLIANCE AND ENFORCEMENT

RECEIVED
FEB - 8 2012

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Temperature, water deg. centig	SAMPLE MEASUREMENT	*****	*****		*****	Not Measured	Not Measured	deg C				
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Quarterly	METER	
pH	SAMPLE MEASUREMENT	*****	*****		Not Measured	*****	Not Measured	SU				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	METER	
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		*****	Not Measured	Not Measured	mg/l				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/l		Quarterly	COMPOS	
Solids, total suspended	SAMPLE MEASUREMENT	Not Measured	Not Measured	lb/d	*****	Not Measured	Not Measured	mg/l				
00530 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	67 MO AVG	100 DAILY MX	mg/l		Quarterly	CALCTD	
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****		*****	*****	Not Measured	mg/l				
00530 SC 0 Influent Gross	PERMIT REQUIREMENT	*****	*****		*****	*****	Req. Mon. DAILY MX	mg/l		Quarterly	COMPOS	
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	*****		*****	Not Measured	Not Measured	mg/l				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/l		Quarterly	COMPOS	
Phosphorus, total (as P)	SAMPLE MEASUREMENT	*****	*****		*****	Not Measured	Not Measured	mg/l				
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****		*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/l		Quarterly	COMPOS	
Name/Title Principal Executive Officer	I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. See 18 U.S.C. § 1001 and 33 U.S.C. § 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)					 Signature Of Principal Executive Officer or authorized agent		Telephone		Date		
Bob Turik Acting Project Leader								(208)837-4896		2012/2/3		
Typed or Printed								Area Code	Num	Yr	Mo	Day

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DMR MAILING ZIP CODE: 83332
MAJOR
(SUBRO05)
OFF-LINE SETTLING BASIN
External Outfall



PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Phosphorus, total (as P)	SAMPLE MEASUREMENT	Not Measured	Not Measured	lb/d	*****	Not Measured	Not Measured	mg/l				
00665 2 0 Effluent Net	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	lb/d	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/l		Quarterly	CALCTD	
Flow, in conduit or thru treatment plan	SAMPLE MEASUREMENT	*****	1.60	ft3/sec	*****	*****	*****					
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	ft3/sec	*****	*****	*****			Monthly	MEASRD	
Solids, suspended percent removal	SAMPLE MEASUREMENT	*****	*****		Not Measured	*****	*****	%				
81011 K 0 Percent Removal	PERMIT REQUIREMENT	*****	*****		90 MINIMUM	*****	*****	%		Quarterly	CALCTD	
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IDG130004 SUMA
PERMIT NUMBER **DISCHARGE NUMBER**


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MAJOR
(SUBROOF)
FACILITY TOTAL
Sum



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YEAR MO DAY **YEAR MO DAY**
FROM 12 01 01 **TO** 12 01 31

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Solids, total suspended	SAMPLE MEASUREMENT	Not Measured	Not Measured	lb/d	*****	*****	*****					
00530 T 3 See Comments	PERMIT REQUIREMENT	2068.2 MO AVG	3929.5 DAILY MX	lb/d	*****	*****	*****			Quarterly	CALCTD	
Phosphorus, total (as P)	SAMPLE MEASUREMENT	Not Measured	Not Measured	lb/d	*****	*****	*****					
00665 T 3 See Comments	PERMIT REQUIREMENT	17.8 MO AVG	26.3 DAILY MX	lb/d	*****	*****	*****			Quarterly	CALCTD	
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